

Exhibit F

**MISSISSIPPI STATE MEDICAL EXAMINERS OFFICE
1700 E. WOODROW WILSON AVENUE
JACKSON, MS 39216**

**CASE: SME10-0908
County: BOLIVAR**

AUTOPSY REPORT

NAME OF DECEDENT: WILLIAMS, JERMAINE **RACE:** B **SEX:** M **AGE:** 30
LOCATION OF DEATH: 703 East Cross Street, Cleveland, MS.
DATE AND TIME OF DEATH: July 23, 2010, at 4:30 p.m.
DATE AND TIME OF AUTOPSY: July 23, 2010, at 12:00 p.m.
FORENSIC PATHOLOGIST: Amy C. Gruszecki, DO

FINAL ANATOMIC DIAGNOSES

- I. History of shock with taser during police chase.
 - A. Puncture site identified on back.
 - B. Subcutaneous hemorrhage underlying one puncture site.
 - II. Subcutaneous hemorrhage on upper back (not underlying puncture site).
 - III. Toxicology – blood positive for cocaine and metabolites
-

CAUSE OF DEATH: Toxic effects of cocaine in association with shocks
with taser during police chase.

MANNER OF DEATH: Homicide

CERTIFIED COPY

I hereby certify that this is a true and accurate
copy of the records on file at the Office of the
Medical Examiner, Jackson, MS.

By NS Date 7/24/11

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AUTHORIZATION:

This autopsy is performed at the request of the coroner of Bolivar County, Mississippi.

EXTERNAL EXAMINATION

The body is identified by a tag attached to the right ankle. Photographs, fingerprints, and palm prints are taken.

The body is received nude. No personal effects or jewelry is received with the deceased.

GENERAL: The unembalmed, well-preserved body is that of a black male that appears the reported age of 30 years. The body is 70 inches in length and weighs 160 pounds. Rigor mortis has developed and is broken with difficulty. Fixed purple livor mortis covers the posterior aspect of the body. The body is cool to the touch and has been refrigerated.

HEAD AND NECK: The scalp is covered by black hair. The sclerae are free of icterus and injection. The irides are brown. The conjunctivae are pink and free of petechiae. The earlobes do not appear to be pierced. The nares are patent. The teeth are natural and with one yellow metal cap. The frenula are intact. No fracture is palpable in the zygomatic arches. The deceased has a moustache and a beard. The neck is appropriately mobile.

CHEST: The chest is free of scar.

ABDOMEN: The taut abdomen is free of scar.

GENITALIA: The penis appears circumcised. Both testes are descended.

BACK: The back and anus are free of scar.

ARMS: The arms are free of scar and needle track. No fracture is palpable in the long bones. Five digits are on each hand. The nails are varying lengths. Neither tissue nor fabric is evident beneath the nails.

LEGS: The legs are free of scar and edema. No fracture is palpable in the long bones. Five toes are on each foot.

IDENTIFYING MARKS AND SCARS: Tattoos are on the right and left upper shoulders. A circular 1 inch scar is over the left knee. An oval 3/4 inch scar is on the posterior aspect of the left knee.

EVIDENCE OF TREATMENT: A Foley catheter is within the urethra and contains approximately 10 ml of urine. Intravenous line is within the left neck. Two metal radiograph markers are on the chest and two are on the back. Focal petechial hemorrhage is present at the base of the lungs. Hemorrhage is near the hilum of the left lung. Petechial hemorrhage is present at the margin of the heart consistent with resuscitation.

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EVIDENCE OF INJURY: An abrasion measuring 1 inch is on the right side of the forehead. Underlying this is subgaleal hemorrhage. A small subgaleal hemorrhage measuring 1/2 inch is on the dorsal aspect of the scalp.

Areas of abrasions are over the knuckles of the right and left hands and dorsal right wrist ranging in size from 1/8 inch to 3/4 inch. A puncture site is in the right lower quadrant of the abdomen measuring 1/8 inch. A puncture site is within the left side of the chest measuring 1/8 inch. Two puncture sites measuring 1/8 inch and 3/16 inch are on the back. Subcutaneous hemorrhage measuring 2 inches x 1/2 inch underlies the lower of these on the back. Areas of abrasion cover the left and right knee ranging in size from 1 inch to 2 inches with denuded skin.

Subcutaneous back skin dissection reveals a second area of hemorrhage measuring 1-1/2 inches x 2 inches which does not appear to underlie a puncture site.

Posterior neck dissection does not reveal any hemorrhage or other evidence of injury.

INTERNAL EXAMINATION

BODY CAVITIES: The thoracic and abdominal organs are in their normal anatomic positions. The body cavities contain no adhesions or abnormal collections of fluid.

HEAD: See "Evidence of Injury". The brain weighs 1380 grams. The skull is unremarkable. The dura and dural sinuses are unremarkable. There are no epidural, subdural or subarachnoid hemorrhages. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical, with an unremarkable gyral pattern. The cranial nerves and blood vessels are unremarkable. Sections through the cerebral hemispheres, brainstem, and cerebellum are unremarkable. No hemorrhages are visible within the deep white matter or the basal ganglia. The cerebral ventricles contain no blood. The spinal cord as viewed from the cranial cavity is unremarkable.

NECK: The soft tissues and prevertebral fascia are unremarkable. The hyoid bone and laryngeal cartilages are intact. The lumen of the larynx is not obstructed. The tongue is free of laceration and contusion.

CARDIOVASCULAR SYSTEM: See "Evidence of Treatment". The heart weighs 340 grams. The intimal surface of the abdominal aorta is free of significant atherosclerosis. The aorta and its major branches and the great veins are normally distributed and unremarkable. The pulmonary arteries contain no thromboemboli. The pericardium, epicardium, and endocardium are smooth, glistening, and unremarkable. The endocardium is free of mural thrombi. The foramen ovale is closed. The coronary arterial system is free of significant atherosclerosis. The atrial and ventricular septa are intact. The cardiac valves are unremarkable. The myocardium is dark red-brown and firm, without focal abnormalities.

RESPIRATORY SYSTEM: See "Evidence of Treatment". The right lung weighs 700 grams, and the left lung weighs 640 grams. The upper airway is not obstructed. The laryngeal mucosa is smooth and unremarkable, without petechiae. The pleural surfaces are smooth and glistening. The major bronchi are unremarkable. Sectioning of the lungs discloses a dark red-blue, moderately congested parenchyma.

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HEPATOBIILIARY SYSTEM: The liver weighs 1860 grams. The liver is covered by a smooth, glistening capsule. The parenchyma is dark red-brown and moderately congested. The gallbladder contains approximately 4 ml of dark green bile, with no calculi.

GASTROINTESTINAL SYSTEM: The esophageal mucosa is gray, smooth, and unremarkable. The stomach is empty. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are unremarkable externally. The appendix is present. The pancreas is unremarkable externally and upon sectioning.

GENITOURINARY SYSTEM: The right kidney weighs 220 grams, and the left kidney weighs 240 grams. The capsules of both kidneys strip with ease to reveal smooth and slightly lobulated surfaces. The cortices are of normal thickness, with well-demarcated cortico-medullary junctions. The calyces, pelves, and ureters are unremarkable. The urinary bladder is empty. The mucosa is gray, smooth, and unremarkable.

The prostate gland and testes are unremarkable both externally and upon sectioning.

ENDOCRINE SYSTEM: The thyroid and adrenal glands are unremarkable externally and upon sectioning.

LYMPHORETICULAR SYSTEM: The spleen weighs 160 grams. The spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red. The cervical, hilar, and peritoneal lymph nodes are not enlarged.

MUSCULOSKELETAL SYSTEM: The clavicles, ribs, sternum, pelvis, and vertebral column have no fractures. The diaphragm is intact.

MICROSCOPIC EXAMINATION:

Sections of liver, kidney, heart, right and left lungs, and brain show no significant histopathological abnormalities.

TOXICOLOGY: Please see separate toxicology report.

SUMMARY OF CASE

Based upon the autopsy findings and the history available to me, it is my opinion that Jermaine Williams, a 30-year-old black male, died as the result of toxic effects of cocaine in association with shocks with taser during police chase. The manner of death is homicide.

*****Electronically signed by Amy C. Gruszecki, D.O. on Thursday, November 04, 2010*****

Amy C. Gruszecki, DO
Forensic Pathologist

ACG/ac
T: 07/30/2010



NMS Labs

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3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437

Phone: (215) 657-4900 Fax: (215) 657-2972

e-mail: nms@nmslabs.com

Robert A. Middleberg, PhD, DABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 08/22/2010 17:00

To: 10109

Mississippi State Medical Examiner Office
 Attn: Sam Howell
 1700 E. Woodrow Wilson
 Jackson, MS 39216

Patient Name WILLIAMS, JERMAINE

Patient ID 10-18269-1A CLA

Chain 11113484

Age Not Given

Gender Not Given

Workorder 10184768

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Positive Findings:

<u>Compound</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Cocaine	390	ng/mL	Peripheral Blood
Cocaethylene	76	ng/mL	Peripheral Blood
Benzoylecgonine	1000	ng/mL	Peripheral Blood

See Detailed Findings section for additional information

Testing Requested:

<u>Analysis Code</u>	<u>Description</u>
1300B	Cocaine and Metabolites, Blood

Specimens Received:

<u>ID</u>	<u>Tube/Container</u>	<u>Volume/ Mass</u>	<u>Collection Date/Time</u>	<u>Matrix Source</u>	<u>Miscellaneous Information</u>
001	Gray Top Tube	7 mL	Not Given	Peripheral Blood	

All sample volumes/weights are approximations.

Specimens received on 08/19/2010.



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Workorder 1018738
 Chain 1111344
 Patient ID 10-18269-1A CLA

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Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Cocaine	390	ng/mL	20	001 - Peripheral Blood	GC/MS
Cocaethylene	76	ng/mL	20	001 - Peripheral Blood	GC/MS
Benzoylcegonine	1000	ng/mL	50	001 - Peripheral Blood	GC/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Benzoylcegonine (Cocaine Degradation Product) - Peripheral Blood:

Benzoylcegonine is an inactive metabolite and chemical breakdown product of cocaine. Cocaine is a DEA Schedule II controlled central nervous stimulant drug. Effects following cocaine use can include euphoria, excitement, restlessness, risk taking, sleep disturbance, and aggression. A period of mental and physical fatigue and somnolence follow the use of cocaine after the excitant-stimulant effects wear off. Benzoylcegonine has a half-life of 6 to 10 hours. The average blood benzoylcegonine concentration in 906 impaired drivers was 1260 ng/mL (range 5 - 17600 ng/mL). Benzoylcegonine blood concentrations in patients admitted to an emergency room for cocaine related medical complaints were 1280 ng/mL (SD = 1290 ng/mL). Benzoylcegonine concentrations in plasma following oral administration of 2 g/day of cocaine over 6 days, averaged 4900 ng/mL. The average blood benzoylcegonine concentration in 37 cocaine related fatalities was 7900 ng/mL (range 700 - 31000 ng/mL).

2. Cocaethylene (Cocaine/Ethanol By-Product) - Peripheral Blood:

Cocaethylene is a transesterification artifact formed in vivo when cocaine and alcohol are in the circulation at the same time. It is an active metabolite with activity equal to or greater than that of cocaine.

3. Cocaine - Peripheral Blood:

Cocaine is a DEA Schedule II controlled central nervous stimulant drug. Effects following cocaine use can include euphoria, excitement, restlessness, risk taking, sleep disturbance, and aggression. A period of mental and physical fatigue and somnolence follow the use of cocaine after the excitant-stimulant effects wear off. Cocaine is metabolized to the inactive compounds benzoylcegonine, ecgonine methyl ester, and ecgonine. Benzoylcegonine and ecgonine methyl ester can form from cocaine breakdown after death and even after sample collection. The average blood cocaine concentration in 906 impaired drivers was 87 ng/mL (range 5 - 2390 ng/mL). Blood cocaine concentrations in patients admitted to an emergency room for cocaine related medical complaints were 260 ng/mL (SD = 500 ng/mL). Cocaine concentrations in plasma following oral administration of 2 g/day over 6 days, averaged 1260 ng/mL. The average blood cocaine concentration in 37 cocaine related fatalities was 4600 ng/mL (range 40 - 31000 ng/mL). (See also Benzoylcegonine).

Chain of custody documentation has been maintained for the analyses performed by NMS Labs.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Analysis Summary and Reporting Limits:

Acocde 1300B - Cocaine and Metabolites, Blood - Peripheral Blood

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Benzoylcegonine	50 ng/mL	Cocaine	20 ng/mL
Cocaethylene	20 ng/mL		